



Please mail this form and your donation to:

Cedar Falls Schools Foundation  
602 Main Street  
Cedar Falls, Iowa 50613

Please make checks payable to CFS Foundation

Name/s: \_\_\_\_\_

(Print your name as you want it to appear on any recognition received)

I wish to remain anonymous: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If CFCS Alumni, year of graduation: \_\_\_\_\_ Maiden name: \_\_\_\_\_

One time gift of \$ \_\_\_\_\_

Purpose:  Greatest need  Other, please specify \_\_\_\_\_

This is a pledge, to be paid annually:

Payment Amount: \_\_\_\_\_ Number of payments: \_\_\_\_\_ for a total gift of \$ \_\_\_\_\_

Please honor the following with my donation \_\_\_\_\_

My gift is in memory of \_\_\_\_\_

My employer will match my contribution. The CFS Foundation will contact you for details.

I am a CFCS District employee and would like information about payroll deduction.

I would like to include the CFS Foundation in my estate plans.

I would like to discuss the opportunity to give a gift with naming rights

Thank you for your contribution to support our students. It is very much appreciated.

You will receive a thank you letter for your gift which may be used as a tax receipt and confirms you received no goods or services in connection with your gift. Your donation is under the legal and exclusive control of the Cedar Falls Schools Foundation, a 501©(3) nonprofit organization (EIN 20-4287931), and is subject to CFSF Articles of Incorporation and Bylaws.